Welcome to the 5th edition of the PCR Team Newsletter updating progress on our studies and activities over the last few months.

- **Grants:** We have received funding for two new projects in the last few months: a three year grant from the HRC to fund a clinical trial entitled *Goals and self regulation skills in brain injury rehabilitation - a RCT*, and an internal AUT grant for a pilot study looking at *stroke survivors perspectives of the barriers and facilitators to returning to work*. This latter study is lead by Christine Cummins in collaboration with Heleen Blijlevens from the school of Occupational Science at AUT University.

- **Outputs:** Nicola Kayes presented a paper on “Exploring actical accelerometers as an objective measure of physical activity in people with stroke and multiple sclerosis” at the 10th International Congress of Behavioural Medicine in Tokyo this August. Posters displaying the results of several of the team’s other studies were also presented at the meeting. Thank you to the Brain Injury Association of NZ, the Maurice and Phyllis Paykel Trust, and AUT for providing the funding for Kath and Nicola to represent us at this meeting.

- **International Visitors:** We had two visitors from the UK this month—Professor Lynne Turner-Stokes Herbert Dunhill Chair of Rehabilitation at King’s College London and Honorary adjunct Professor of Rehab at AUT, and Dr Ruth Parry, Senior Research Fellow at Nottingham University. Both visits were a great opportunity to explore both current and potential future international collaborations.

### 2. FOCUS

This month we are going to highlight a new project to be funded by the HRC over the next three years. This is particularly exciting for us because it is the first randomised controlled trial we will do which will directly compare the strengths of different strategies used in rehabilitation.

**Goals and self regulation skills in brain injury rehabilitation: an RCT.**


**Funding:** Health Research Council

Goal setting is a key rehabilitation strategy aiming to help people who have suffered a traumatic brain injury take part in activities which are meaningful. However clinical practice is variable, outcomes uncertain, and both patients and professionals find the process frustrating. We have recently completed an HRC funded feasibility study examining two novel approaches to goal setting, and it is the findings from that study which has led us into this larger definitive trial.

The clinical trial is designed to determine the separate and interactive effects on outcomes for people with TBI of a novel intervention, Goals-SR which uses components of both Identity Oriented Goal Training and Goal Management Training, and of the measurement intervention Goals-GAS which is based on a ‘Goal Attainment Scaling’ assessment tool, compared with usual care.

**Participants:** A random sample of 180 consenting participants who have suffered moderate or severe head injury in the Wellington and Auckland regions will be allocated to one of four groups: Goals-SR, Goals-GAS, Goals-SR & GAS, or usual care.

Participants will be visited weekly by the clinical researchers who will deliver the interventions over 8 to 10 weeks. Assessments will be repeated by face to face interview at baseline, completion of the intervention period, at 3 months and at 12 months to determine the short term effects and if those effects are maintained.

**The Interventions:** Goals-GAS is a structured approach to eliciting three or four goals important to the individual, then defining an indicator of fully meeting that goal, and two indicators falling short or surpassing that attainment.

Goals-SR is an intervention based on self regulation theory, and as mentioned above consists of two components: identity Oriented Goal Setting and Goal Management Training (outlined below).

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<th>Identity oriented Goal Setting (IOG)</th>
<th>Goal Management Training (GMT)</th>
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<td>IOG directly intervenes at the level of exploring a sense of self in order to facilitate adaptive functioning and goal attainment. It is based on the idea that self-reflection is often impaired after TBI and that a person’s ability to set lower order goals is impaired by their inability to establish what is personally meaningful to themselves. Therefore, IOG, attempts to explicitly manage this process by using an external reference point. It is extremely useful for engaging people in a process of thinking about what might be important aspects of a positive sense of self.</td>
<td>GMT in many ways tackles issues that IOG does not. Whilst those of us with intact brains are able to learn by our mistakes, many people with TBI who have executive functioning deficits fail to do this, leading to repeated goal failure. GMT explicitly helps the individual identify and learn the steps involved in achieving their task in order to prevent goal failure, incorporating the principles of errorless learning. Fundamental to GMT is the theory that achieving each step will contribute to the individual’s ability to ‘self regulate’ behaviour and by doing so contribute to goal attainment and an enhanced self image.</td>
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Main Outcome Measures: The study will detect any significant clinical difference in the primary outcome, goal related skills (as measured by the Self-Regulation Skills Interview) and mood and behaviour as measured by self and carer report on the Neurobehavioural Functioning Inventory. Key secondary outcomes are a) progress towards achieving meaningful goals in the participant’s life as measured by the SEIQOL b) factors such as, social integration and carer burden and wellbeing.

The current cost of long term support for people with brain injury is enormous. Should either intervention be found effective, rehabilitation professionals would become equipped to deliver evidenced based goal related rehabilitative practice. This would enable TBI survivors’ level of functioning, participation in meaningful activities and mood to be enhanced and the level of support and supervision, as well as carer giver burden be decreased.

Selected references:

3. UP-COMING CONFERENCES

The Australian & New Zealand Spinal Cord Society Conference will be held this year in Christchurch 26—28 November 2008. The conference theme, “Where to from here? Asking the Questions” is intended to encompass the rapidly developing area of health care within the specialised field of spinal cord rehabilitation. See www.anzcos2008.org.nz

The Australasian Society for Behavioural Health and Medicine Conference will be held in Auckland from the 9-11 February 2009. Abstract deadline has been extended to 19th December 2008. See www.asbhm.org/conference.html

The Australasian Faculty of Rehabilitation (AFRM), National Institute of Rehabilitation Research (NIRR-NZ) and New Zealand Rehabilitation Association (NZRA) are to be joint hosts of a rehab conference “Working together across the lifespan - An interdisciplinary approach to rehabilitation” in Queenstown, NZ on 21-25 July 2009, incorporating the 17th Annual Scientific Meeting of the AFRM. Closing date for abstract submissions 28 February 2009. See www.rehabconference2009.org.nz/

4. RECENT PUBLICATIONS


In Press:


10th International Congress of Behavioural Medicine, Tokyo, Japan.


5. STAFF NEWS

Team retreat: The team recently held a workshop retreat at Omaha just north of Auckland. We were joined by affiliated team members who were invited to contribute to the programme. Kate Diesfeld from the National Centre for Health and Social Ethics led a thought provoking discussion on the topic of disability law. Team members used the opportunity to discuss ideas, present issues surrounding existing studies and areas for potential new studies.